

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1	1				
29	1	1				
30	1	1				
31	1	1				
32	1	1				
33	2					
34	2					
35	2					
36	6					
37	2					
38	2					
39	2					
40	2					
41	2					
42	2					
43	2					
44	2					
45	2					
46	6					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.	7					
TOTAL DEP.	107	←	←	←	←	←
TOTAL CLAIMS	114	██████	██████	██████	██████	██████

	IND		DEP		IND	DEP	IND	DEP
	IND	DEP	IND	DEP				
51		2						
52		2						
53		2						
54		2						
55		9						
56		2						
57	1							
58		1						
59	1							
60	1							
61		2						
62		2						
63		2						
64		2						
65		2						
66		2						
67		2						
68		2						
69		2						
70		2						
71	1	2						
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96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.		←	←	←	←	←	←	←
TOTAL CLAIMS		██████	██████	██████	██████	██████	██████	██████